## 2002 Uniform Business Report (UBR)

13. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee of changed, or on an attachment with a

## Mar 18, 2002 8:00 am § F51823 DOCUMENT # **Secretary of State** 1. Entity Name SEPRIN MANAGEMENT CORP. 03-18-2002 90009 029 \*\*\*150.00 . - . Mailing Address Principal Place of Business 👶 🦡 🥙 3 - 2997 DAY AVE MIAMI FL 33133 MIAMI FL 33133 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2145445 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Ι 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICHARD M SEPLER Street Address (P.O. Box Number is Not Acceptable) 2997 DAY AVE. **MIAMI FL 33133** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (0/6)Change · ☐ Addition ☐ Delete TITLE TITLE **BERRIN ROBERT G** NAME NAME CR2E034 2997 DAY AVE. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change STD ☐ Delete TITLE TITLE SEPLER RICHARD M NAME NAME 2997 DAY AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition: ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if